## STATEMENT OF

RECEIVED 7

FORM 1	ORGANIZATION				1	12 NOV 15 AM 11:28
1. NAME OF COMMITTEE (in	n full)	(Check if is change		Example:If typing, type over the lines.	12FE4M5	
OKLAHON	1A RE	PUBLICA	NEXE	CUTIVE BOA	RD	
	1				1 1 1 1 1	
ADDRESS (number a	nd street)	P. O. BO	X,6673	313		
(Check if address is changed)		POMPAN	10 BE	ACH	FL	33066
			СП	Υ	STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address			ail address) ExecutiveBoar	ds@gma	ail.com
COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if is change						
2. DATE 111	l <sup>™</sup> ′ 10	" <sup>′</sup> 2012 `	,			
3. FEC IDENTIFIC	CATION NU	IMBER	С			
4. IS THIS STATE	MENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have	examined th	is Statement and to	the best of	my knowledge and belief i	t is true, correct	and complete.
Type or Print Name	of Treasurer	PETER	SON T	RUMP		**************************************
Signature of Treasure	er	Leterson	Trum	<i>p</i>	Date 11	´ 10° ´ 20°12
NOTE: Submission of	Í	•		y subject क्षास person signing SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)